

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Zoon et al.

Application No. 10/615,723

Filed: July 8, 2003

Confirmation No. 9429

For: INTERFERON ALPHA HYBRIDS

Examiner: Not yet assigned.

Art Unit: 1646

Attorney Reference No. 4239-64129

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: OFFICE OF INITIAL PATENT EXAMINATION CUSTOMER SERVICE CENTER, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney

for Applicant(s) Deba De Dudw

Date Mailed October 23, 2003

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

OFFICE OF INITIAL PATENT EXAMINATION CUSTOMER SERVICE CENTER COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

Applicants have received the official Filing Receipt for the application referenced above, a copy of which (with requested correction shown in red ink) is attached as Exhibit A.

The following error(s) appears on the Filing Receipt:

ITEM IN ERROR	CORRECT INFORMATION
Atty. Docket No. 423-641299	Atty. Docket No. 4239-64129

This request is being submitted within ten days of receipt of the official Filing Receipt by the undersigned attorney.

Applicants request that the identified error(s) be corrected and that a new official Filing Receipt be issued.

Please return the enclosed postcard to confirm that the items listed above have been received.

Please call the undersigned if any further information is required.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

Debra A. Gordon, Ph.D., J.D.

Registration No. 54,128

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Docketing cc:



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 APPL NO.
 FILING OR 371 (c) DATE
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 10/615,723
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4239-64129

CONFIRMATION NO. 9429

KLARQUIST SPARKMAN, LLP One World Trade Center Suite 1600 121 S. W. Salmon Street Portland, OR 97204

FILING RECEIPT

OC00000011054130

PREVIOUSLY DOCKETED

Date Mailed: 10/17/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Kathryn C. Zoon, Kensington, MD; Renqiu Hu, Bethesda, MD; Joseph B. Bekisz, Hyattsville, MD; Mark P. Hayes, Westborough, MA;

Assignment For Published Patent Application

The Government of the United States of America:

Domestic Priority data as claimed by applicant

This application is a DIV of 09/744,754 01/24/2001 which is a 371 of PCT/US99/15284 07/06/1999 which claims benefit of 60/094,407 07/28/1998

Foreign Applications

If Required, Foreign Filing License Granted: 10/16/2003

Projected Publication Date: 01/22/2004

Non-Publication Request: No

Early Publication Request: No





Title

Interferon alpha hybrids

Preliminary Class

424

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PATENT Attorney Reference Number 4239-64129

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OFFICE OF INITIAL PATENT EXAMINATION **CUSTOMER SERVICE CENTER** COMMISSIONER FOR PATENTS P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450**

TRANSMITTAL LETTER

Enclosed for filing in the application referenced above is the following:

- \boxtimes Request for Corrected Official Filing Receipt.
- \boxtimes The Director is hereby authorized to charge any additional fees that may be required, or credit over-payment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been \boxtimes received.

Respectfully submitted,

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Docketing